

MINNESOTA HOUSING MANUFACTURED HOUSING RELOCATION TRUST FUND APPLICATION FORM FOR PAYMENT

Applicant Name:

Current Address:

City:

Zip Code:

Telephone (Day):

Telephone (Evening):

Email Address:

Name of Manufactured Housing Park:

Single Section ☐

Multi-Section Housing ☐

Relocation Information

1. Have you received a notice of your park closing?

Yes ☐

No ☐

2. What is the date your residential park is expected to close?

Month_____ **Day**_____ **Year**_____

3. If your park has closed, what date did it close?

Month_____ **Day**_____ **Year**_____

4. If your park has not closed, have you relocated to a new lot within your current park?

Yes ☐

No ☐

5. Are you planning on relocating your manufactured home to another park within a 25-mile radius of your current park?

Yes ☐

No ☐

6. If your answer to Question 5 is yes, what is the contract price for moving your home to a new location?

\$_____

7. Are there any additional costs related to relocating your home that must be paid to some one other than yourself or the moving or towing contractor?

Yes ☐

No ☐

8. If the answer to Question 7 is yes, what is the cost?

\$_____

9. If your answer to Question 5 is no, have you and the owner of your park agreed on an independent appraiser to conduct an appraisal on the worth of your manufactured home?

Yes ☐

No ☐

10. What is the value of your home as determined by an independent appraiser?	\$ _____
11. Are there documented costs required for demolition and removal of the home and any debris or refuse left on the lot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. If your answer to Question 11 is yes, how much are those costs?	\$ _____
13. What is the name, address and telephone number of the third party neutral appointed by the city or county in which the manufactured home is located?	
14. Date application was submitted to third party neutral.	Month _____ Day _____ Year _____
15. Have you received any monetary compensation for your residence from any other entity or organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Total of lines 6 and 8 or line 10 less costs on line 12

\$ _____

This application is submitted by the undersigned and is, to the undersigned's best knowledge, accurate in all details.

Signature _____ Date _____

Printed Name: _____